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Mobilizing resources to achieve Universal Health Coverage: The benefits of working with the communities

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Outline of Presentation

- Introduction
- The Community
- Burden on Community and the Health System
- Recognizing the importance of the Community in Public Health
- The need for concerted effort
- The Community as asset for Universal Health Coverage
- Benefits of working with the community
- Factors affecting mobilization of the community and its resources
- How to nature and Develop Community resources for Public Health
- Conclusion and Recommendations

Introduction

Key Message

- The “Community” are an important Public Health Asset
- They are currently underutilized and generally disempowered or even disabled
- If enhanced and leveraged they can:
  - make significant contribution to the health system as well as other contributions towards achievement of SDG3 and
  - specifically Universal Health Coverage.

All for Health → Health for **All**

"We have game changers who have helped us fight ebola and who will also contribute to achieving Universal Health Coverage.

The first game changers are the community and community extension workers".

- Uganda's Minister of Health, Hon Dr Jane Ruth Aceng - Opening remarks at the country's 25th Annual Joint Review Mission (25th JRM) of the Health Sector Performance - October 2nd 2019,

“It is the person who has diarrhea that opens the bedroom door when nature calls”.

- A proverb of the Alur people, a Lwo tribe, Northwestern Uganda

- Who knows the pain of a problem or an illness more than the one suffering and
- who knows the urgency with which intervention is needed better than such a person or community?
- Who should act better when such needs arise?

Prof Francis Omaswa

Former Director General of Health Services
Executive Director of Center for Global Health and Social Transformation (ACHEST)

"Health is made at **home** and only repaired in a health facility"

The first priority is to make health and not to wait to repair

“Public Health” or “Health of the Public”

Public health

- Science of protecting and improving the health of people and their communities (CDC Foundation)

  https://www.cdcfoundation.org/what-public-health

- “The science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals……”.

*Winslow, Charles-Edward Amory (1920). "The Untilled Field of Public Health". Modern Medicine. **2** (1306): 183–191. Bibcode:1920Sci....51...23W. doi:10.1126/science.51.1306.23*

Health of the Public

"State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity”. (WHO)

Also includes:

- the spiritual life and
- Being in harmony with the physical environment

Important Declarations on Health

- Alma Ata Declaration of 1978 - “Health for All”
  - Principles of social justice, equity, self-reliance, appropriate technology, decentralization, community involvement, intersectoral collaboration, and affordable cost”
- SG3: “Ensure healthy lives and promote well-being for all at all ages” and
- the Astana Declaration (2018)

The Community

The Community

Many different definitions

The Community

Cordia Chu (2016):

- "a network of people linked by common characteristics which distinguish them from others".
- "a multi-dimensional concept with different shades of meaning"
- "can be viewed as:
- a place/locality (e.g. village, town, neighbourhood, residential unit),
- a network of interests (e.g. voluntary association, club, self-help group, campaign, professional organisation, union), or
- a social system (e.g. the education sector, the Regional Health Authority, the city).

- Can be mobilized, strengthened, developed or nurtured for the pursuance of the health agenda.

The Community

- Others can be virtual communities:
  - whatsapp chat groups and other social media platform users,
  - radio listener groups,
  - group e-mails.
- Others can be service users for example:
  - association of sickle cell children and their parents,
  - diabetic clubs,
  - association of persons living with HIV/AIDS, children of parents living with non-communicable diseases (NCDs),

The Community

- Also community of journalists biased in health reporting.
- These can help a lot in advocacy and policy changes as well as initiating action for change.

Why have the community on board?

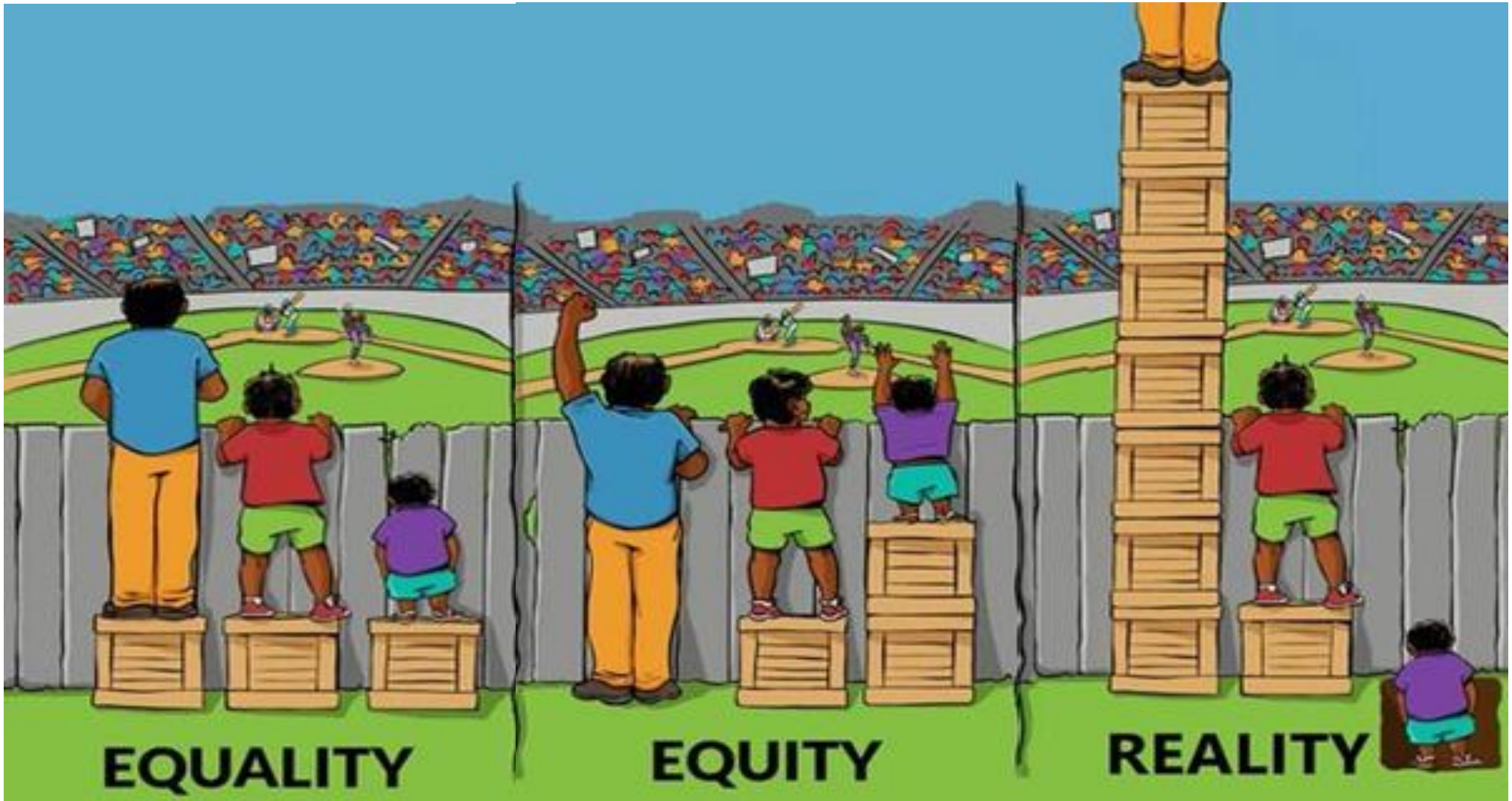
"It is the person who has diarrhea that opens the bedroom door when nature calls".

- A proverb of the Alur people, a Lwo tribe, Northwestern Uganda

- Who knows the pain of a problem or an illness more than the one suffering and
- who knows the urgency with which intervention is needed better than such a person or community?
- Who should know better and act when such needs arise?

No health equity in the community and between countries

- There is neither Equality nor equity



Why have the community on board?

- Both the community and the health system over burdened
- Traditional players alone not enough
- Heave disease burden and ill-health
  - Not only acute and infectious diseases
  - Fast rising incidences of chronic illnesses
    - Diabetes mellitus, cardiovascular disease, cerebrovascular disease, cancers, chronic respiratory diseases, mental illnesses, and other non-communicable diseases.
- Heavy economic burden

Why have the community on board?

- *Paul T Okediji et al (October 2017)Economic Impacts of Chronic Illness on Households of Patients in Ile-Ife, South-Western Nigeria*
  - Besides household's spending on medical care:
  - Average, 5.3 work days lost by patients in a month, = about 18.9% lost productivity
  - Caregivers lost on average 1.4 work days = 5.1% lost productivity.
  - ≈15% of subjects lost more than 50% of work days in the preceding month.
  - ≈ 12% of caregivers had to seek other ways to make more money to take care of family needs as a result of the burden of the illness

Why have the community on board?

- A burdened health system
- WHO Africa report of 2014
  - Africa had 11% of the world population, but 90% of the world's 300-500 million malaria cases
  - 95% (19 of the 20) countries with the highest maternal mortality ratio were in Africa
  - Over 60% of people living with HIV/AIDS in the world were also in Africa.
- WHO - Global Health Observatory (GHO) notes: https://www.who.int/gho/hiv/epidemic_status/deaths_text/en/
  - Reduction in HIV related mortality in the Africa Region by an estimated 40% over 8 years (2010 – 2018)
  - But still represented 61% of the global deaths due to HIV related causes.

Recognizing the importance of the Community:

International Declarations and Eminent quotes

Alma Ata – 1978:

- Primary Health Care “requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources;
- and to this end develop through appropriate education the ability of communities to participate”.

The Ottawa Charter for Health Promotion (1986)

- Identified five important areas for health promotion, among which was **Strengthening community action.**
- The others were:
  - building healthy public policy,
  - creating supportive environments,
  - developing personal skills and
  - re-orienting health care services toward prevention of illness and promotion of health.

Agenda 21: UN Rio Declaration on Environment and Development (June 1920)

Emphasized:

- "**Empowerment of local and community groups** through the principle of delegating authority, accountability and resources to the most appropriate level" and
- "**Community role in the conception, planning, decision-making, implementation and evaluation** of programs".
- **Supporting "a community-driven approach"**, promoting or establishing grass-roots mechanisms",
- "Giving communities a large measure of participation in the sustainable management ….."

WHO Africa Region report 2014

- Africa could make big strides in changing the pictures of high burden of diseases
- Recommended strengthening the health system
- Reported community feeling of exclusion from the health systems particularly in terms of decision-making.
- Lack of interaction with and response to communities was a “major weakness of health systems in the Region”.

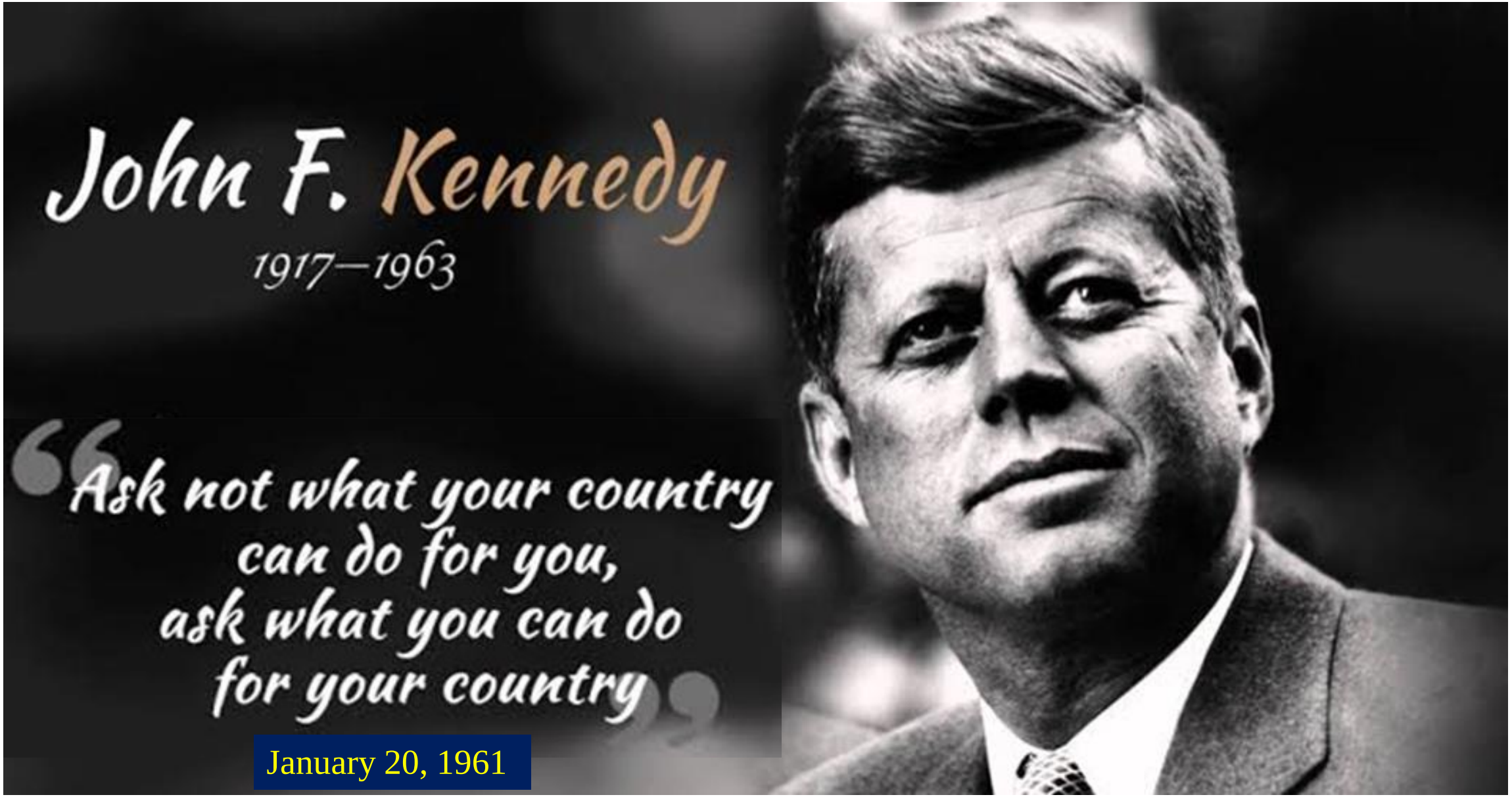
WHO Africa Region report 2014

- “Partnerships with communities that choose their workers and design interventions and strategies yield effective health care”
- “Partnerships with communities capitalize on:
  - The strength of tradition that exists within the communities (e.g. care for orphans and the elderly);
  - Knowledge within the community (e.g. traditional medicine); and
  - Community based prepayment schemes for health care”.

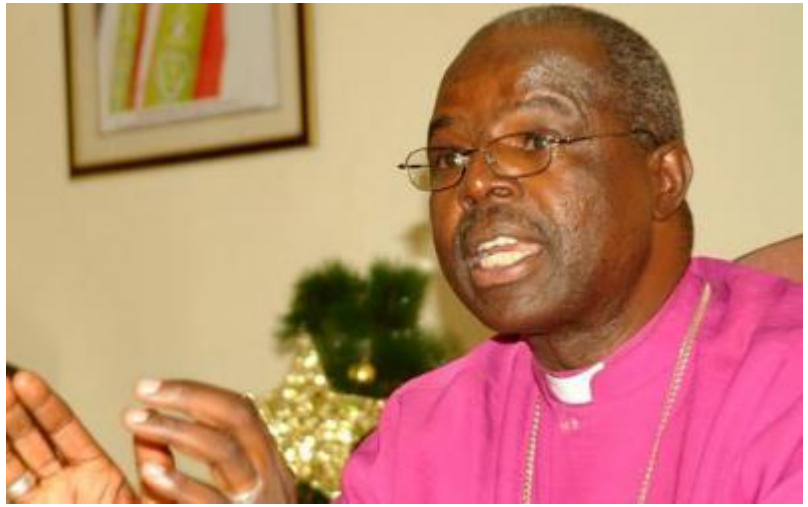
Declaration of Astana (Global Conference on Primary Health Care) October 2018

- “Conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-bei
- “Support for the involvement of individuals, families, communities and civil society through …”.
- “Satisfy the expectations of individuals and communities for reliable information about health”
- “support people in acquiring the knowledge, skills and resources needed to maintain their health or the health of those for whom they care, guided by health professionals” .
- “increase community ownership and contribute to the accountability of the public and private sectors”.

Calling on the community


John F. Kennedy
1917—1963
“Ask not what your country can do for you, ask what you can do for your country”
January 20, 1961

Now Retired Archbishop of the Church of Uganda (Anglican) – said while still Bishop of Nebbi Diocese (CoU)



“If a snake that has a very small head, and no hands can pass in the sand during the dry season and leave a mark, and everybody can see that a snake has been here, what about you, me and everybody in the community that have not only big heads but big brains, hands and legs?”.

Why can’t we leave a mark? Why can’t we contribute to our community or society by doing?” – mid 1990s

The need for concerted approach

The Sustainable Development Goals
(2015 the United Nations General Assembly)

- The public health aspirations are better looked at in the context of the Universal Health Coverage (UHC),
  - and therefore the Sustainable Development Goals (SDG).
- Imperative that protecting and improving health requires
  - multiple resources,
  - multi-dimensional approaches and
  - multiple players that are multi-sectoral with responsibilities at different levels instead of only the health sector.

Universal Health Coverage

- Dr Margaret Chan, Former DG WHO, 2013

“Universal health coverage is the single most powerful concept that public health has to offer”.

Opening remarks at a WHO/World Bank ministerial-level meeting on universal health coverage
Geneva, Switzerland
18 February 2013

- That means all people and communities have adequate access to good quality promotive, preventive, curative, rehabilitative and palliative health services without causing catastrophic financial hardship.

The as Community assets or resources for achieving Universal Health Coverage

“Leave no one behind” and “Leave no asset behind”

- The slogan “Leave no one behind”- community and individuals
  - As receivers of Public health services
  - as key players in the attraction, planning, and implementing of Public Health Services, decision making and other processes,
- Hence “Leave no asset behind” or “leave no community resource behind”.

“Leave no one behind” and “Leave no asset behind”

- Strong verbs in SDG3 targets:
  - “ensure, end, reduce, support, strengthen, and increase, halve”
  - Put the responsibility for the health of the community on other persons.
  - Focus on needs, weaknesses or gaps of the community but not their abilities, strengths or assets.
- Remember the Alur proverb *“It is the person who has diarrhea that opens the bedroom door when nature calls”.*
  - The pain of a problem is known better by the community that is suffering
  - It also knows the urgency with which intervention is needed better

The community in its very existence, as the first resource

- The community resources or assets can be:
  - Its people or members (human resource),
  - Services e.g. schools, health facilities,
  - organizational units e.g. town council,
  - places e.g. market etc
- These can contribute towards the community's own purpose

Communities can mobilize or attract other resources e.g.

- linking to or initiating community health insurance schemes
- and other community health financing schemes e.g. Save for Health (S4H), Prepayment Schemes etc,
- improving food production and nutrition, housing, etc
- Attract and participate in agricultural and nutrition programs, road infrastructure development, and economic empowerment interventions etc.

Benefits of working with the community

Five Benefits

1. Gaining ownership and responsibility for their health and sustainability of program outcomes
2. Sustainability
3. Generating new ideas
4. Better stakeholder engagement and relationship
5. Obtaining better program outcomes resulting from increased advocacy for and direct support to services e.g. health promotion, self and peer mobilization

Examples of communities improving program outcomes

- Lessons from the HIV/AIDS prevention and control programs
- Personal experience in mid 1990s – working with Traditional Healers
  - to stop or reduce administering of neurotoxic antipyretic herbs to suspected plague patients and quicken referrals
- Using schools to create peer-to-peer and child-to-parents health education

- The WHO Coordinated "Community TB care in Africa" project 6 countries (Botswana, Kenya, Malawi,South Africa, Uganda and Zambia)
  - " in a variety of settings, the provision of community care, including the option of community DOT, was typically well received"
  - Community contribution to TB care should be closely linked to, or integrated with, local NTP activity.
  - Should be seen as complementing and extending, rather than replacing, NTP activity

- In a USAID funded program in Sud Kivu province, DRC (2011):
  - Engaged “community leaders, including religious leaders, local authorities, journalists and the traditional healers,
  - A behavior change communications program that encouraged people who were coughing to go to the appropriate health facility”.
  - In the 18-month case detection rate rose from 12% to 86%.

Moïse Barhingigwa; Increasing TB Detection and Treatment in Democratic Republic of the Congo (https://www.msh.org/blog/2013/03/28/increasing-tb-detection-and-treatment-in-democratic-republic-of-the-congo)

- Experience of UCMB-GLRA-TPO-MoH (current project):
  - Working with VHTs in the refugee camps in the Rhinocamp, Arua district, Uganda,
  - The VHTs are also refugees
  - Strengthening possible TB case identification, sputum collection and referral for both microscopy and GeneXpert examination.
  - There is a partnership building up between the health facility professionals and the VHTs, seeing them as a team.
    - Building on existing good relationship between refugees and host community

- The “Inclusive approach” spearheaded by BRAC in Bangladesh, making Bangladesh “have one of the highest immunization coverages in South Asia”

Taufique Joarder and Malabika Sarker; Achieving Universal Health Coverage Through Community Empowerment: A proposition for Bangladesh; Indian Journal of Community Medicine vol 39(3), Jul-Sep 2014.

- Uganda’s Ministry of Health plans to institutionalize community health workers in what is called Community Health Extension Workers, CHEWs,
  - Formally becoming part of the national health system,
  - Will create confidence in them and avoid duplication and multiplication of community structures for health services delivery.
  - They will help build the capacities of individuals, families, groups and other communities.

Factors that negatively affect mobilization of the community and its resources

"*The community stagnates without the impulse of the individual. The impulse of the individual dies away without the sympathy of the community " (William James 2010).*

William James, Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century.Washington (DC): National Academies Press (US); 2002. ISBN-10: 0-309-08622-1ISBN-10: 0-309-08704-XISBN-10: 0-309-50655-7

- The strength of the community is a build-up of the individual strengths and actions.
- But the individual strengths if not coordinated and pulled and pooled together, may not be effective.
- It is also like the fingers and the hand. The hand will only function when the individual fingers are swung into action.
- But the individual fingers alone will not hold anything, except when they act as a hand.

1. Misunderstanding of “participation” by people in authority
   - “participation” being viewed by majority of partners, healthcare workers and even county administrators as a direct link between the community and utilization of healthcare services”.
   - In other words, participation simply meant “utilizing services”

(Edward Omondi, Siaya district, Kenya, 2013)

2. Structural and cultural barriers to community involvement in healthcare programs.

- Need to prioritize community sensitization about the benefits of health programs
- Necessary to engage with a community to build an environment of trust while working with a different cultural and social context

(Edward Omondi, Siaya district, Kenya, 2013)

3. Political disempowering communities
   - Patronizing the community through many promises that may not be fulfilled
   - Sometimes actively discouraging them from what they call “Government responsibility”
     - Displaced community awareness of the importance of their own role and responsibility or
     - Usurping of responsibility for their own individual and collective health by public health professionals and other higher authorities
     - Reducing communities to simply irresponsibly demanding for services.

4. Disempowerment due to professional dominance

- Community groups slipping into strategies dependent on experts,
- Communities become "disabled," suddenly dependent upon professionals to handle various areas of their lives formerly under their control (Edelstein, 1988).

Nurturing and Developing Community Resources

How community resources can be nurtured and developed for public health

1. Individual and community capacity to plan, initiate and implement health interventions
   - Share data and information to stimulate individual actions as well as that of community organizations to initiate interventions.
   - Involve them in local, district and national level planning,
   - Involve them in accessing even government funding to support local initiatives
2. Capacity to lead and govern health services or interventions

Conclusion and Recommendations

Conclusion

- The burden of achieving and sustaining UHC is overwhelming for the traditional health system and public health experts alone
- The community, an important requisite resource in public health has for long been known but is not utilized appropriately enough.
- Having the community as part of the system to achieve UHC will be a game changer
- They need to be empowered to participate in planning, implementing, monitoring, evaluating, health actions as well as promoting healthy leaving.

Five things are necessary

i. Access to information and health literacy, especially in regard to their local situations.
ii. Constructive engagement including participation in decision-making forums
iii. Ability to demand accountability from decision makers
iv. Capacity (through knowledge and skills acquisition) to work in partnership with public service
v. Space to work in partnership with public health experts by being a recognized part of the system in policy and the operational frameworks.

Six Policy recommendations

i. Need to make and implement deliberate policy decisions that constructively take advantage of community resourcefulness.
ii. Aspirations like the one of Uganda's Ministry of Health to make community health extension workers (CHEWs) part of the health system should be encouraged
iii. All programs from inception should take time to identify the community resources or assets to work with.
iv. Need for indicators that help monitors participation and action for health at household and community levels, if not at individual levels.

Policy recommendations …

v. Program designers should, as a must, consider simplified formats for planning, implementation, monitoring and evaluation of health actions
   - to assure communities meaningful participation

vi. Program funders or resource partners should consider meaningful community participation in workplan formulation (as is the case with engendering of programs) and
   - make modifications in the first 3-4 months after winning a grant for a truthful and meaningful participation by communities